

1Telephone interview with CAPT William Gondring, MC, USN (Ret.), member of Advisory Team 54 in the Mekong Delta. Conducted by Jan K. Herman, Historian of the Navy Medical Department, 22 and 24 September 2004.

I understand that you are from St. Joseph.

Yes. I was born and raised there.

Where did you go to college?

The University of Missouri.

Were you interested in medicine at the beginning or did that interest develop later?

I wanted to be a surgeon when I was in the ninth grade. I was just at a 50th high school class reunion and one of my classmates came up to me and reminded me that I had made that statement back then.

Where did you go to medical school?

Washington University in St. Louis.

What was that like for you?

I really enjoyed medical school. It was extremely competitive but I enjoyed studying, I enjoyed my classmates, and I enjoyed the work. I also joined the Navy when I was a freshman medical student. They had the Ensign 1995 Program. At that time, all physicians were drafted. They also had the Berry Plan. The Berry Plan was a plan set up for physicians who were to be drafted into the military. They had to go in after their internship, after 1 year of training, or after they finished their residency. It was very competitive to go into the service after you finished your residency.

How did the Ensign 1995 Plan differ from the Berry Plan?

They were separate. The Ensign 1995 Program allowed you to know which service to pick and you could do clinical services in clinical time in the Navy. Between my sophomore and junior year I was aboard the USS *Kearsarge* [CVA-33] for 3 months in the summer.

Did you have duties in sick bay?

I did sick call.

So you finished your internship and then your residency. Where did you do those?

I did my internship and a year of general surgery at the University of Oklahoma. I did my residency at Barnes Hospital at Washington University in St. Louis. Then I had training at USC at Rancho Los Amigos Hospital in Downey, CA.

When did your active duty begin?

I had 1 year of general surgery and my internship so it began in 1964.

When did you decide to specialize in orthopedics?

In medical school. I had orthopedic and surgical rotations and I was fascinated by the type of reconstructive surgery that was done, and the ability to look at an x-ray, reconstruct it, and then have the patient be very gratified. You'd completely go from a sick patient to a well patient and know that they would be back the way they were.

How did your active duty go?

We were all young lieutenants. We met in San Diego and took a 2-week course in how to be an officer. Then we were assigned to our ships. I had requested a cruiser and was assigned to the USS *Galveston* (CLG-3), a guided missile cruiser which had the Talos missile with a nuclear capability.

Were you the only medical officer aboard?

I was the senior medical officer and the flotilla medical officer. In other words, the senior medical officer for COMCRUDESFLT-7. That means there were medical officers on the destroyers. We had two operating rooms and a 21-bed ward.

How long were you aboard?

Six months.

Did you see any interesting cases during that time?

We did a lot of circumcisions, which is kind of a joke. From the standpoint of trauma, the only thing we really had were some significant medical problems with infectious hepatitis and diarrhea. Our ship class had a problem with the sweet water system in which it was cross contaminated and so there was a continuous problem of intermittent diarrhea. Our basic problem was preventive health, maintenance of the water system and the chlorine aboard ship. The water always tasted bad.

Where did the flotilla do most of its cruising?

It was local sea ops.

Six months is kind of short tour, isn't it?

Yes. I actually requested to go overseas. I wanted to go to Taipei and requested to go with my wife because there was a naval station hospital there. They said "No, but we got a great spot--Vietnam."

They were probably being facetious.

I'm not sure. At that time, no one knew what was in store. At that time, we had the Station Hospital in Saigon. My wife and I were selected to go to Vietnam with the Navy surgical team. We were transferred from the Department of Defense to the Department of State. I had a State Department grade. I think I was a GS-12.

I understand that your wife was a nurse.

Yes.

She wasn't a Navy nurse, was she?

No.

So, how was she selected to go with you?

We were to go to a hospital at Ban Me Thuot. We were then paid by and completely under the control of the State Department--AID. At that time it was USOM. USOM was the United States Overseas Mission and AID was the Agency for International Development. We went to Washington, lived there for about 8 weeks, and took a course on Vietnam.

You went to the Foreign Service Institute?

Yes. At that time, it was in the New State building.

Were you still in the Navy on loan to State?

Yes. I was paid by State.

So your assignment was to be in Ban Me Thuot?

Yes. They had a province hospital there. We were to provide care to the Vietnamese, the Vietnamese military, and anybody that showed up.

Were the rest of the staff you were going with AID personnel?

Yes. Ruth Pojcky, Bernadette McKay, Jim Beeby, and Bill Sweeney. All had been transferred from the Navy to the State Department.

Did they all come to Washington for language study at the Foreign Service Institute?

Yes. And for State Department orientation.

What did they teach you in the orientation?

My observation was how little they knew. How little intelligence they had, how little they knew about the diseases and the diseases we would expect to see. We really had minimal preparation.

And when it was time to leave, what kind of preparations did you make as far as getting there? How did you get to Vietnam?

We were scheduled to go on a Friday. Johnson was president and we were in Washington during his inauguration, which was kind of exciting. It

was also colder than hell. We were scheduled to fly and my wife and I were going to take a holiday in Tokyo and Hong Kong on the way over. But they canceled our leave. They canceled everything. So we went to New York instead and were interviewed for the news show called *Monitor* at that time. They asked us whether we'd heard that President Johnson has stated that no more dependents are going to Saigon or Vietnam.

And this was in January of '65?

Yes. Meanwhile the State Department had told us to ship our car over there. We had sent food and other things. When you go with the State Department you move a lot of weight. We had shipped a lot of big shipping cartons. Then she couldn't go. We then had to make arrangements for getting all our stuff back. We also had to make arrangements for her to go somewhere else. Things really had changed all of a sudden. It was right about then that there was an escalation with all dependents leaving Saigon.

At that time, I went to Los Angeles so I could go through all our stuff. Some of it came back 6 months later and much of it was destroyed. My wife went to Oklahoma City for a BSN program in nursing, and worked. And I flew from Washington to Saigon.

What was your first impression of Saigon getting off the plane?

Coming from the Midwest and landing in a foreign country with palm trees and with military and armed guards everywhere, it was an unbelievable culture shock. I wasn't prepared for it.

Some of the other people I've talked to, they had all had the same reaction. "What happened when they opened the door of the plane?" And the first thing they always say is, "A blast of hot air."

A blast of hot, humid, air. The humidity was a killer.

Somewhere along the way, they changed your assignment because you didn't go to Ban Me Thuot. You ended up going south to the Delta. When did you find out that your assignment had changed?

We found out in Saigon from the AID office. We stayed in Saigon for a while at a small villa, and had more orientation as to what was going on, but no medical orientation. As I think about it now, there was no real information about security. This was a team that was put together to go and provide health care but without all the other instructions and meaningful things you need. How do you take care of typhoid perforations? How do you treat cholera? I still have the first landmine casing I took out of someone in my office. How do you take a landmine casing out of a guy who is eviscerated? How are you going to handle patients when you run out of chromic? Or how are you going to handle patients when you run out of antibiotics? How do you operate at night when the power source goes off?

We flew from Saigon to Rach Gia. The plane landed and we were transported by AID vehicles, which were old jeeps. That day, a truck went over a landmine and we went to a soccer field where the injured men were brought. We had no instruments. In fact, we found that all our instruments were packed in cosmoline and sealed in aluminum canisters. We first had to clean the cosmoline off the instruments and then manage the injured.

One of my patients was a young lieutenant with a penetrating wound of the chest that had developed into a tension pneumothorax. I took a 15 gauge needle, poured merthiolate over it, poured merthiolate over his chest, cut a finger off a glove, looped the glove finger so it became a flutter valve with a ligature around the hub of the needle, and stuck it in his chest.

Like a Heimlich Chest Valve.

Yes, but we didn't have a Heimlich. The valve I made would expand when the patient exhaled and then collapse when he inhaled. After I finished with him, they put him in a helicopter. The only trouble was they took him too high, there was nobody monitoring him, and he died. I'm not sure he had oxygen. He was pretty shocky.

That was your first patient?

It's not so much that he was the first. When you have 20 or 30 men it's the first episode.

Were these Vietnamese?

Yes. AID had built two operating rooms right in the center of the courtyard within the Rach Gia-Phu Dinh, which was the name of the Rach Gia hospital. We had two operating rooms built with AID funds but that had never been used. So we operated in a 460-bed hospital. The Vietnamese nurse put together all our surgical packs.

What did the packs consist of?

They were standard Navy instruments that came out of a regular surgical instrument set. The packs had scalpels, retractors, and hemostats.

What about anesthetic and drugs?

We used an ether-air anesthesia machine. It required little maintenance and no oxygen. The ether was evacuated via tube out of the room because we used an electric cautery. It was a cautery machine which required you to set the spark. There was no dial. You had to maneuver the spark so that you would deliver the spark to the electric cautery for hemostasis. That was in the room. And then the ether-air, which is extraordinarily safe, was evacuated out of the room so the ether, which is explosive, was evacuated from the area. It was a pretty low maintenance, low cost anesthesia system.

What did you have for antibiotics?

We had penicillin and chloromycetin. Chloromycetin is no longer sold in the U.S. because it causes myeloid depression in 3 to 5 percent of patients. We used a lot of chloromycetin. We also used biologicals for treatment of tetanus and rabies that were made in Paris by the Pasteur Institute.

Did you see a lot of those cases?

Yes. We saw tetanus and rabies.

Your specialty is orthopedics but it sounds like you were doing pretty much everything.

I was doing half the general surgery. The general surgeon, Dr. Beeby, was doing the more complicated cases. I was doing the more simple cases like abdominal exploration. We got so we could do an amputation in 14 or 15 minutes. Once we determined there were two kidneys and that one of them functioned, we could resect a kidney in 15 minutes.

We'd see a hundred cases at a time. That's the irony of the whole thing. If you compare our surgical team and what occurred in the Gulf War, I think they only had 150-200 guys die. We had more volume and fewer surgeons. The two surgeons did perhaps 200 cases a month.

Most of your cases were Vietnamese.

Three-quarters to seven-eighths were Vietnamese.

As I understand it, the whole effort you were part of down in the Mekong Delta was part of the so-called "Hearts and Minds" campaign to gain the support of the Vietnamese civilians.

Yes. We also supported the junk force fleet. We were Advisor Team 54 but there were some Navy advisors to the junk forces. This was the beginning of the "Brown Water Navy." The junk force was young lieutenants with language skills would go out to sea in Vietnamese junks with a senior enlisted and do maritime patrols. We also saw the first swift boat casualty. This is reported in a book about the "Brown Water Navy." It mentions the swift boat episode which occurred on an evening when the skipper of the boat saw a Viet Cong flag and thought it was an arms cache. When he went to investigate, the boat was ambushed. The Viet Cong destroyed his boat. We got the radio request and sent out a Boston Whaler and a helicopter. Due to mistakes--misjudgment--the helicopter brought back the patients who were least seriously injured. And the Boston Whaler brought back the most seriously wounded. On the way back, one man expired because they had brought back the wrong guy and it took too long.

We took everybody to the operating room and I operated on a broken tibia which had an open fracture. I debrided and stabilized the wound. One or two guys died and we lost their bodies. When the helicopter arrived to evacuate the patients, we couldn't find two bodies. We lost two bodies at Rach Gia in the middle of the night.

We tried to find them but there was enormous frustration trying to locate them in the middle of the night. It was lack of communication between two cultures. The Vietnamese had taken the bodies to their morgue. We finally found the bodies and they had been handled appropriately.

So you found them the next day. Do you remember when that incident occurred?

I've got the *Brown Water Black Berets* book and it's in here. It's on pages 96-99. I can read it but it doesn't really give the date.

Are there any other memorable incidents that occurred. I know you folks came under fire a number of times--mortar attacks, etc. Do you remember any of those?

Yes. Night time would be interrupted by star shells. The Ho Chi Minh Trail ended at Three Sisters Mountain. That mountain was a "free bomb zone." Periodically, B-52s would strip bomb. Then at night, the VC would attack Rach Gia with mortars. On one occasion there was an assault on one of the roads leading into the community and then we started getting casualties. We finished with them, went back to the house, and then all of a sudden the mortars started coming in and fell within 20 yards of our home. You don't hear mortars until they hit.

The next day we looked around and the mortar plate had been placed on a rice paddy. Because the paddy was wet, when the mortar went off, it changed direction and so it missed us. We think that someone had come to our home and marked off the exact distance. They absolutely knew where to put that mortar round. Once the attacks were over, we went about our jobs.

You'd asked me about security and about our episodes with combat. Our episodes with combat were all defensive. The army gave all of us M1 carbines but none of us ever fired a weapon in anger.

Our security was provided by Vietnamese guards. They always kept their M1 carbines wrapped in a carbine cloth because they didn't want dust or moisture to get in. And the barrels were stuffed with cotton because they didn't want the barrels to get rusty or dirty.

That sounds like a real useful firearm.

Let's say the security was less than optimal. At night, there was indiscriminate outgoing fire with 105s [105mm howitzers]. We had a defensive bunker we'd get into in case things were really nasty. The problem with that bunker was that it had water in it and there were always snakes and lizards in there.

Advisory Team 54 had about 58 men and women. On the walls around Rach Gia--the whole community--were signs that said, "Have you done your good deed for the day--killed another American?" There were also other signs: 20,000 piasters to kill an American. That was about \$200 dollars.

I used to play bridge on Sundays with the Army officers. The officer in charge of the Advisory Team was a colonel. On this one occasion, a squall came up and it rained. Then, all of a sudden, we came under attack. After you'd been there for a while, you just accepted things. It just became the way life was. Anyway, the colonel told us to take our positions. So we took our positions in a villa with barbed wire around it. When the alert was over we finished our bridge game.

I carried a .38 pistol my father had sent me in my hip pocket and I operated with a .22 Browning in my surgeon's scrubs just for self-protection from the prisoners of war we operated on. What I found out was that the prisoners we operated on, by and large, were not communists. They had been fighting against the Vietnamese central government for years but had no real knowledge about what the world situation was, and knew nothing about Marxist-Leninism. It was more individual civil disobedience.

At Ha Tien, about 30 kilometers down the road from us, there was a Special Forces team. They had killed a 12-year-old a couple of weeks before who had thrown a hand grenade at them. So we were aware that there were children who would become aggressive. The roads were sloped, with water on either side. Suddenly, three people jumped out. One had something that looked like a hand grenade and threw it. I jumped but made up my mind that I would never shoot a 12-year-old. What I thought was a hand grenade was a firecracker. This group had done this deliberately to have one of us provoke an incident in which we would shoot one. Then they would claim that we had no caring for people. I knew then that I couldn't shoot anybody anyway. My job was not to shoot people but to take care of people and put them back together again.

Do you recall any particular surgical cases that stand out in your mind?

Yes. I always looked at cases by type and episodes. We could handle 15 napalm burn care cases an hour. We had Regional Popular Forces and ARVN forces and the difference between the two were their levels of experience. We had ARVN controlled, VC controlled, and the intermediate area. The intermediate area was where the CIA worked. But the ARVN would always move into these areas and attempt to add more territory.

The Regional Popular Forces, which were poorly trained, poorly led, and poorly equipped, always moved with their women and children, cats and dogs. There was always a French-built fort usually situated around a canal or river. The VC would attack at night, usually by setting up an ambush. The Americans finally learned that if you tried to reinforce at night, you'd also be ambushed. So they would never reinforce those people at night.

On this occasion, the little outpost was completely overrun and all the people were killed. The women and children were crucified to the front gate.

For U.S. forces to make an air strike, the rules of engagement were that you had to have that area with those coordinates okayed through the Vietnamese command. And by the time you did that, the VC knew what was going on. So that whole area was napalmed and the people we got were the women, children, and old men who were still left. The outside people had supported the VC against that Regional Popular Force unit--had provided them with intelligence. It turned out that all the young men had been on the other side.

Nevertheless, we took care of that whole group. Every patient was treated the same. They'd be on a gurney, their wounds would be debrided, they would receive penicillin, chloromycetin, tetanus, then morphine. Then you'd debride and apply a yellow sulfa preparation. We had no dressings so we cut up parachute silk. The wounds were treated with debridement, IV fluids, antibiotics, morphine, and then the patients were put on the ward.

The hospital could be expanded by pushing the beds together. You could have three children in the same bed with two in traction. When we had so many patients on the ward that it would overflow, we'd roll the beds together. Instead of having one patient to a bed, we would have private and semi-private beds. You might have two and three patients in a bed. With this system, you could really expand in a hurry.

There was enough room on the bed for more than one patient?

Some would lie on cracks. The beds had a rice mat with no mattress and few covers because it was always warm. There was a mosquito net over the top. The patient's family would sleep beneath the beds with their own cooking instruments. The care and the nursing would be provided by the hospital.

When I got there, I did a standardized order system. After the post-operative care, it would all be standardized.

We made our traction units with . . . We would cut bicycle tires to use as non-allergic bucks? We would also use a non-allergic adhesive to the patient. It comes pre-formed now, but we had none of this material. We would always go to the market place and have carpenters or seamstresses make our traction materials. They would cut old bicycle tires so that we could run that up and down the sides with an ace bandage with a piece of wood at the end and then with parachute line out the end for holding the weights. We used a weight bag with sand. A traction system requires pulleys. We have metal pulleys in the United States. At Rach Gia, carpenters hand-carved the pulleys. We had a lot of fractures so we did a lot of traction. Those patients were always put in a traction system made of materials that were obtained close by.

Did you ever run into cases you just couldn't handle with what you had on hand?

We did neurosurgery. We had a self-selection system. The patient transportation system was not available at night because of fear of ambush

and the fear of sending ambulances out after dark. Patients often were severely exsanguinated before they got to us. Only the patients who survived were brought to us.

We really didn't have a referral system set up. When we got there, the 3rd Field Hospital was not available. The Saigon Naval Station Hospital had closed. Our referral system was incomplete. From the standpoint of American care, it was quite clear that we would refer anyone who came in. They would be treated primarily and then transferred out.

From the standpoint of the Vietnamese, we pretty much did as much as we could with our limitations of blood. And if there was anything that required massive reconstruction, that was transferred out due to the limitations of blood. Blood was always the limiting factor. The ARVN and Regional Popular Forces donated it. On one occasion, after a major military operation, we needed a lot of blood so we got it from them. They knew we didn't use it all so they wanted their blood back. And so they had a mini-riot. They didn't know that you could keep blood and use it for somebody else.

You mean they wanted the blood infused back into their bodies?

Yes. And we got into social events that we had no control over. With the lack of communication, the system broke down because our surgical teams didn't have a Vietnamese surgeon that we operated with on each case. We Americans came and provided care. We took over the surgical care in that hospital. But we didn't take it over to integrate, to teach, to communicate, to learn from, to have a dialogue with. We took it over to provide an American, military system. We did not work within the Vietnamese system and their style of doing things. We used our own instrument system. We didn't adopt their instrument system. We didn't explain our instruments and our techniques and then have a dialogue about their instruments and their techniques. So we really never knew what their referral system was. And our senior leadership, including myself, never knew that we should have integrated ourselves into their system so that we could have had a dialogue. Ultimately, the way you bond with people is through similar circumstances. We never bonded. We could have been more successful on levels other than operating, amputating, removing kidneys, if we had had an opportunity to bond over common experiences and learn about their life and then integrate and teach.

So the American culture that you represented was segregated from the Vietnamese.

Yes. And ours was less segregated than most because we lived in a Vietnamese house and had a Vietnamese cook. Americans had air conditioning. The Vietnamese didn't have air conditioning. We had transported our way of life, our society, and our health care into Vietnam.

I recall the whole philosophy of why you were there was the so-called hearts and minds campaign.

Yes. And it was designed to fail simply because of our arrogance and ego. I always felt that I wasn't arrogant because I went to Vietnam. But in reality I was arrogant and had an ego or else I would have insisted on having the Vietnamese physicians scrub with me and make decisions on health care, ER coverage, rounds, and medications. Somehow we should have had a dialogue. And that dialogue would have included in surgery, out of surgery, clinics, observations, teaching. Never once did I ever go into a Vietnamese doctor's home. Never once did I ever integrate myself into the community like I did in 2003 when I operated with an NVK surgeon.

Were there Vietnamese physicians and surgeons in the vicinity who could have been brought into the process?

I know there were two Vietnamese physicians there and I made friends with one of them. He invited me to take a trip with him to Dalat in his Volkswagen during Tet. I think I'd still be a prisoner of war had I done that.

And the situation never really advanced from that point you are talking about all through the war.

No. And I think it got worse. I want to talk about a few other things. We had a guy named "Killer" Houng. Killer Houng had an assassination squad. He was controlled by the CIA and received American support--helicopter support. On one occasion, he was wounded and they brought him to the ER. This is a whole series of episodes over a period of time that illustrate the complexity of their life. His men protected him in the ER inside the hospital, which was inside the courtyard. They all had carbines and they were up close because they wanted to protect him with their bodies.

These were his own men?

Yes. As I was debriding his wounds, they had their guns right underneath my chin and I was afraid there would be an accident in the ER simply because these guys carried their weapons so loosely. I requested them all to leave. They left and deployed around the hospital. Killer Houng got well and left. You never thought about your own security at that time.

The next time I ran into Killer Houng there was an incident with his wife. She was downtown watching some men play cards. Killer Houng came in and saw his wife doing this. He then took her hand, put it on the table, and cut her little finger off. Afterward, he instructed her never to watch other men play cards. I took care of the amputated finger when they brought her into the hospital.

The next episode with Killer Houng was a sequel to this. He was brought to the hospital, only this time he had been shot in the head and

died. It turns out that he was doing indiscriminate killing. He killed on both sides in addition to killing anybody he had a grudge against. His family and his relatives carried sidearms but they also had heavy weapons located in their home under lock and key in a glass cabinet.

They went back and, in their excitement, thrust their hands through the glass and cut all the tendons in both hands. I got to take care of the remnants of the lacerations of the tendons of the wrist and medial nerves.

I kept track of the events as they occurred because I was participating in them. I was participating in their lives but always indirectly and on the outskirts.

Was Killer Houng and his gang directly affiliated with the Saigon government or were they a renegade group that ran things as their own little business?

That's a good question. They were ARVN and they had an independent operation--ARVN troops that were supported by the CIA.

So they were being funded and supported by the CIA.

Yes. But organizationally, they were ARVN.

But it sounds like they got a bit out hand and were taking their vengeance out on anybody. Were they also taking protection money?

Probably. They had the terror and the aggressiveness. Here's what happened. When you start doing that, things get out of hand. And they get out of hand on both sides. And that's when torture comes into the picture.

Were they also exterminating VC sympathizers?

Yes.

You must have been taking care of many of Killer Houng's victims.

You never knew who you were taking care of. They would be put on a general surgical ward and then the Vietnamese intelligence would want to go in there and, pretending to be sick, lay there beside them to see if they could develop a bond or a friendship to get intelligence.

So you were also taking care of VC you didn't know were VC?

That's right. In one of the pictures I sent you, there was a VC patient with a chronic wound. After a while, I had skill enough to speak to the prisoners of war after they had been wounded and before we operated on them. My technique is always to be friendly to people and never to try to hurt them . . . and to gain their confidence. I would ask them philosophical questions. Did they understand Marxism-Leninism? What was their philosophy? What was their reason for participating in the war? Who were they fighting?

I found that in our area these people had been fighting for years. As near as I could tell, they had been fighting the central government regardless of who was the central government. They weren't fighting for the hearts and minds or for the freedoms that we fight for. They just fought and accepted their destiny.

I remember friendly fire cases with indiscriminate shooting of people. There was the case of the child who was shot by .50 caliber helicopter friendly fire. The child was lying face down on the ER table. The child lived, healed, and walked again but you never knew what ever happened to him in the long run. How many people were influenced or changed their political position as a result of what happened to that child or his family?

At this time, early in our involvement, I would imagine there was not a significant North Vietnamese presence.

The Vietminh had become the VC. Then the NVK came down. I think they were infiltrating almost from the start but not to the great extent they were later on. I'm not sure how late those tunnels had been there.

You were seeing the pattern that was being set for the rest of the war--the isolation from the Vietnamese. Even though the hearts and minds theme was present almost from the beginning of our involvement, it was a failure from the beginning and no lessons were apparently learned.

My message is that we have the egotism of our superiority. We could help them. We could give them democracy. We could give them health care. We could take care of diseases. But that's not the way it works. I learned that the Vietnamese took a siesta from 1 to 3, although they didn't call it that. We might get patients in the ER who were pretty severely injured. If they were wounded, we would take care of them the American way. That meant we took care of that patient at that time. It became evident very quickly that if we provided our standard fare, we would not have any other coverage at any other time because their siesta time was after lunch from 1 to 3. We quickly adapted and began taking a siesta ourselves. Whatever casualties came in just came in. We adapted to their time table. If you tried to change it, you met resistance in a passive-aggressive fashion and you'd be unsuccessful. However, we didn't understand how many unsuccessful things we did because of a lack of cultural training.

Were you eventually relieved from your assignment by people who came in later from the States, or was that hospital pretty much turned over to the Vietnamese?

No. We were relieved by another team. I stayed a little bit longer with them.

Did you ever have an opportunity to see any of the other medical facilities that Americans were operating?

Yes. I got to the 3rd Field Hospital. And in Saigon, I saw the Navy Station Hospital. As a matter of fact, I operated in Saigon when the VC blew up the sergeant's barracks. They also blew up a floating restaurant with a Claymore mine. We operated in the Navy Station Hospital. I'll never forget it because we set up three OR tables in the same OR, brought the cases in, and put just a curtain between the operating tables.

Did you have a lot of patients after the restaurant incident?

We had 20 or 30 patients at once.

I was looking through your album the other day and there's a picture of Richard Nixon in there. What was the deal on that?

That's a neat picture, isn't it?

Yes it is. What was Nixon doing there?

He came to Vietnam after he ran for governor of California and visited us at our place. He spent half a day and had lunch with us. We had our usual lunch meal set with nuoc mam and rice. We had decided that he would eat the same food we ate, food we obtained in the marketplace. We also had a philosophy that no one could do anything worse to us than what had been done to us at that time. So no one really cared about what happened. It's not that we were adversarial. It's not that we were negative. As a veteran or soldier or sailor, you noticed that things were just the way they were and that you had no means of making any changes in them. So that was our attitude. Everybody was really thrilled. Nixon made a very big impression on each of us because he was there and shared a meal with us. He could eat with chopsticks. He had a grasp and an intelligence, and an innate ability to get along with people and make you feel good and at ease.

Do you recall any other folks who came through there who were memorable?

On Christmas of '65 we had a party. There was a truce. People all came in because we had some American food and lots of drink. By the way, we had the best stocked bar in the Mekong Delta. We had German army officers who came through, and Australian army officers, who were liaison officers. Someone from St. Joe just wandered in one time and it was the most amazing thing that I'd seen.

You may have had a well stocked bar, but how were you fixed for medical supplies and how did you replenish them?

The system worked poorly. We frequently ran out of antibiotics. We'd run out of suture material and, even though we knew there were supplies

coming into Saigon, they would be stolen. We also knew that some of what had been stolen was being used by the other side.

At that time, we had glass bottles for IV fluids. We needed antibiotics and suture material even though everything else was reused. We had no disposables. Everything had to be washed, cleaned, and dried. Your surgical scrubs were hung up on the clothes line. The problem with that was, there were fire ants that would get into them. You'd put on a surgical scrub and it had fire ants inside. It was almost unbearable what you'd have to do to get that stuff off you and to get rid of those little things that were biting.

What conditions did you face when operating?

We had a problem with the generators. At night we had power but if it was interrupted, then you needed the generator. But that meant that the generator had to have maintenance. And that meant that the battery that turned over the diesel engine to start it would have to be maintained. And invariably, that battery was not maintained. You might try to do a case at night but knew the generator wouldn't start. Then you were forced to use the jeep to turn over the diesel to get the generator to work.

Everywhere you turned there were problems you would never have dreamt about until you'd been through this sort of situation. You had to have the flexibility and agility of mind to adapt. And, by the way, everyone on the team did.

Did you all leave Rach Gia as a team?

I think we left individually.

What were the circumstances of your leaving?

Every 6 weeks we'd go to Saigon to pick up our supplies and spend a few days there. There was an airfield nearby and we'd either take an Air America plane out of there, pay piasters to fly Air Vietnam, or leave on an American C-130. When a C-130 landed, it wouldn't stop. You had to jump on the back as it was still moving. Then they'd take off and go straight up, never closing the door on the back. On one occasion, the plane was full with only one seat left. I jumped into it but soon learned why it was empty. There was no seat belt. I ended up looking out the open back of the plane with no seat belt to hold me in while we were going straight up through the sky.

When I left Rach Gia for good, I spent a week in Saigon, got on a plane, and went to Bangkok and then Rangoon, and spent some time there. From there, I went to Bombay, Karachi, Beirut, Rome, London, then home.

How long were you in Vietnam?

Thirteen months.

Did you get another Navy assignment when you got back to the States?

Yes. I was on the orthopedic ward service at Great Lakes.

Did you complete a full Navy career?

I finished my 24 months then went into the reserves. I joined the reserves because I was committed to keeping others from making the kinds of mistakes that had been made. These mistakes were the ambushes, the nighttime operations, the lack of planning to protect the lives of E-1s, E-2s, and E-3s. There are a lot of ways to accomplish what you're trying to accomplish. Having people get killed is not the way to do it.

So you figured you could use all the experience you had obtained to help within the reserves.

I became a doctor with the Marines. For about 4 years I was with the 3rd Battalion, 24th Marines.

Where did they operate?

Out of St. Louis. They had a Marine battalion that was headquartered in the Midwest and trained at Camp Pendleton. Has anyone ever told you about "VC Village?"

No.

VC Village was at Camp Pendleton. We went there and did small unit operations at night. It was very realistic and very valid training. There were star shells, small arms fire, napalm. Out of that whole group, I was the only one who had the Vietnam experience.

When did that take place?

'67, '68, '69, and '70.

How long did you stay in the reserves?

Thirty years.

Did you ever deploy overseas again?

Yes. We landed 19,000 Marines at White Beach in Okinawa in '78. I was the senior surgeon aboard the *Tripoli* [LPH-10] for a 3-week period at sea. Then I went to El Salvador in '83. I went to La Unión in the Gulf of Fonseca, where a field team was having diarrhea. They asked Dr. Macmillan and I to come and figure out what was going on. We traced the cause of the diarrhea to an area of escape right over a sewer which went into the Gulf of Fonseca. We changed their hygiene and sanitation.

I knew the number one orthopedic surgeon in El Salvador because he trained with me at Barnes Hospital--Hugo Serrano. I met Hugo in San Salvador. The Army had an advisory team there.

I wrote quite an outline on their military health care system for amputees that later was adapted. In any event, I went to San Miguel, which was in the central highlands of El Salvador, close to the border with Nicaragua and Honduras. There was an American PA, a Salvadoran nurse-anesthetist, a resident, and a nurse. We landed in a helicopter and provided surgical care for the ESAFs and the Gs. The Gs were the bad guys--the guerrillas, the ESAF were the Armed Forces of El Salvador.

In the ward you can tell whether torture was going on by seeing patients. That's the first thing I did when I landed at San Miguel. I asked the army major of intelligence whether torture was going on and he said no. The prisoners of war in El Salvador were having the same beds, the same food, and were interchangeable with the ESAFs. The Gs and the ESAFs were kept together. The prisoners of war in Vietnam were either shackled or kept in a prison ward. That was a real difference. I've taken care of prisoners of war in three wars. You could get a flavor of a war by taking care of prisoners from both sides and civilians.

How was it different from what you saw in Vietnam?

The intensity was different. It was more intense in Vietnam. We started napalming everybody and dropping cluster bombs. We also dropped CBU's in Vietnam. Those are the cluster bombs that go off at different levels at different times. Some have ball bearings in them and go in all directions. When operating on a victim of these bombs, you have to run the abdomen and intestines very carefully to rule out penetrating wounds from the many projectiles because they don't take a straight track.

It's certainly been many years since you were in Vietnam. When did you retire from the reserves?

In 1994. Before I retired, I was invited to go to Croatia and Bosnia by the Croatian president, Tudjman. I visited as an observer when America was tilting toward Serbia. I visited all the hospitals in Croatia as a guest of Tudjman. I was invited back in 2001 as a guest of Croatia with the Ottawa 1997 landmine convention as one of their delegates. We exploded 7,500 landmines around Dubrovnik. I still have a landmine casing I ever took out of a guy in Vietnam on my desk. I also have two other landmines in my office.

It's been many years since you were in Vietnam. Do you ever think about it much anymore?

In recognition of Advisory Team 54, I have two significant remembrances in my office. One is a rifle I brought back from one episode. Another is a VC flag. I put that up in remembrance and in honor of my Advisory Team 54.

You obviously were affected by your Vietnam experience because you have gone back to Vietnam. What prompted you to go back?

I knew I had to go back to Vietnam. I started with a Vietnamese intern who was at our hospital. Her father was a Vietnamese doctor who came here as a boat person. After speaking to her, I wanted to set up a program through the Vietnam Veterans of America. We would go back to Rach Gia, do an assessment, and then adapt that facility and provide some sort of support. So I made a presentation to our Vietnam Veterans of America chapter in St. Joseph and they accepted it. We then made a presentation to the state chapter to enlist its support to go back to do an assessment to help our colleagues who were less fortunate.

As we made the presentation, some people started crying, some began yelling, some said that all the Vietnamese ever did was to send our boys back in boxes. Some began shouting that they wanted more VA benefits and didn't want to help the Vietnamese. And knew things weren't going well when my Vietnamese physician colleague who was there began crying.

We had a vote. Are we going to support the Vietnamese with this pilot project and help this doctor? I didn't ask for money. I always support myself. If you ask for money you're being self-serving. I said we would do all this at our own expense. We were merely asking for their blessing so we could proceed with the project. Anyway, the vote was a tie. It was very disgusting and very discouraging. I just couldn't believe that people hadn't come to completion and not finished with the past and gone on with the next part of their life.

The American Foot Society has an outreach education committee. This committee was under the auspices of Pierce Scranton, the past president, who had never been in Vietnam. The committee decided to have a support group whose commitment was to do foot and ankle surgery in three Vietnamese hospital. There was nothing political about any of this.

It was also associated with the Prosthetic Outreach Foundation. This organization had a civilian system in Vietnam for amputation and prosthetic application and prosthetic rehabilitation. Through this system, we were the physicians who went there. I might add that on the board of directors is a guy named Bob Kerrey. I've operated on him. He was governor, senator, and now President of New School University in New York City.

I was selected to be one of the international fellows of AOFAS, the American Orthopedic Foot and Ankle Society. We operated at Vinh. Vinh is significant. This was the port where the PT boats that attacked the *Maddox* came from in 1964. Vinh was completely destroyed by American naval air.

We set up a hospital at the Orthopedic Rehabilitation Institute in Vinh and took care of cases, both children and adults, and not necessarily related to the war.

We also took care of Agent Orange cases. We knew it was Agent Orange because you never see patients with no arms, no elbows, no shoulder joints. Dioxin causes chromosomal aberrations. And the lasting

effect of Agent Orange is made worse because its half-life is 7 years. It never goes away. No one knows what the dose relationship is for chromosomal aberration from dioxin. When we had a clinic and all of a sudden we saw no shoulders, no elbows, and no wrists . . . In my entire experience working at Shriner's Hospital for Crippled Children, I never saw these cases. So you have to suspect that there was an environmental reason causing it.

We also saw polio and post-polio cases, and congenital feet, and even a pit viper case. We also operated and did amputations and revisions. While I was in Vinh, I became interested in Ho Chi Minh. This is where I met the NVK surgeon who had a tattoo of the Tiger Battalion. We operated together as colleagues and went out and drank together. We would go to dinner with the whole hospital--the nurses, the anesthesiologists, the anesthetists, the scrub techs, surgeons, the hospital administrator. When we got there we were feted with flowers, dinners, and then we'd go out at night with our friends. The interchange and fellowship that I had in that sort of business was wonderful.

This was 180 degrees from what you experienced the first time you'd been in Vietnam.

That's right. This was an awareness, an awakening. This was an unbelievable experience from that standpoint . . . I wasn't sure how I should act, whether I should hide the fact that I had been there before. Should I say anything?

Yet, I felt comfortable. I felt safer during my time in Vinh and Hanoi than in downtown Kansas City.

And they appreciated what you were doing for them or with them, I should say.

They appreciated the collegiality of our working with them. The whole experience was an awakening for me. It gave me the interest to go deeper into this problem and see what really was the thing that precipitated their intensity during the war.

I learned this. We always saw small operations on television. We also heard about body counts. But what we didn't hear about was time. The Vietnamese government could have cared less about body counts. All they cared about was time, and that's what they counted. They were ready to lose everybody to win the war and take the time to accomplish that goal. That was the difference between us and them. And Ho Chi Minh knew that. I visited the place where he grew up, where he lived, and where he died. I tried to learn about their leadership and about the commitment of this group of people to their land and country.

There were no military secrets about anything in that place from Ho Chi Minh's standpoint and his philosophy. Of course, there were military secrets about their battle plans but, as I learned, all our operational communications were intercepted. They used scanners that they bought in

Hong Kong. We would never encrypt anything. "There's going to be heavy artillery at these coordinates at 1600." We had the arrogance to put them down to absolute basic intelligence. And so the strip bombing done by B-52s was of less value because the messages were always intercepted.

You are planning to go back to Vietnam in the near future.

Yes. I'll be going next June.

On previous trips, I operated with Vietnam's number one orthopedic surgeon. He and I play tennis together. I was a guest at his tennis club. We would go out to dinner and relate to each other. The most important thing was that we started the first Foot and Ankle Society meeting in Hanoi. And out of the 500 orthopods for this country of about 75 or 80 million people, we had a hundred at the meeting. We could have had more but there was no room. We had a dialogue and I spoke about the compartment syndrome of the foot. They see a lot of this condition because of snakebite, compression, and other injuries to the foot. I would speak in English and my friend would translate what I said. We had a dialogue and everybody participated. There was so much interest in doing this kind of thing. We invited the minister of health and the minister of rehabilitation to speak so that we understood how seniority and respect for elders occurred. We feel that we can influence and improve foot and ankle care in all of Vietnam.

You had mentioned earlier that you were initially very reticent about telling your Vietnamese colleagues that you had been in Vietnam before. I guess you reached a point of comfort where you finally were able to do that.

Yes. I was just a colleague and a comrade. We had similar experiences, only on opposite sides. Here's what my Vietnamese friend said. "That is the past; this is the future." That says it all.